

***Examining the Issues,
Recommending Change:***

ALCOHOL AND DRUG ABUSE IN SASKATCHEWAN

**Alcohol and Drug Abuse Advisory Council (ADAAC)
1998-99 Annual Report**

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December 1999

The Honourable Judy Junor
Associate Minister of Health
Legislative Building
Regina, Saskatchewan
S4S 0B3

Dear Ms Junor:

On behalf of the Alcohol and Drug Abuse Advisory Council (ADAAC), I am pleased to present the 1998-99 Annual Report for your consideration.

The title of this report, *Examining the Issues, Recommending Change: Alcohol and Drug Abuse in Saskatchewan*, refers to the Council's continued commitment to working with government, health districts and other stakeholders in the area of alcohol and drug services.

In accordance with ADAAC's Terms of Reference, this report covers activities of Council for the fiscal year ending March 31, 1999. It also includes sections on recommendations for both government and communities to consider and proposed priority areas for the 1999-00 year.

Respectfully,

A handwritten signature in dark ink, appearing to read 'B. Sims', with a stylized flourish at the end.

Bob Sims
Chairperson
Alcohol and Drug Abuse Advisory Council

Introduction

This is the fifth annual report of the Alcohol and Drug Abuse Advisory Council (ADAAC) since its inception in 1994. Last year, for the first time, the report was widely distributed to stakeholders. This reflects Council's commitment to work in partnership with the government, health districts, other service providers and the community to enhance alcohol and drug services in Saskatchewan.

The annual report addresses issues identified and recommendations made in 1998-99 by the ADAAC. As well, it also addresses broader challenges for government and communities to consider in the area of alcohol and drug abuse.

Terms of Reference

The Alcohol and Drug Abuse Advisory Council was established through Minister's Order in 1994 by the Saskatchewan Minister of Health.

The mandate of the Council is to advise the Minister of Health and Saskatchewan Health's Community Care Branch on alcohol and drug abuse policies, programs and priorities for Saskatchewan. The Council monitors alcohol and other drug abuse trends, identifies emerging issues and reviews provincial progress towards meeting established objectives.

Recommendations are submitted to the Minister either in person or in a written brief format. The Council meets with the Minister of Health at least once per year.

Council Membership

There are currently thirteen members on the Council. These members represent a broad range of geographic areas and perspectives from across the province.

The Terms of Reference of Council allow all members to serve for two consecutive three-year terms. Meetings are held on a quarterly basis.

The Minister of Health appoints a chairperson from the members on Council to serve for a one year term. No person remains in this position for more than three consecutive years. Bob Sims recently was appointed for a third term as chairperson.

A complete listing of members and biographies can be found in Appendix A of this report.

Fostering Links

Council continues to strive to keep abreast of provincial issues related to alcohol and drug services. During the 1998-99 year, Council had the opportunity to hear educational presentations and/or review materials from the following organizations:

- ***Concurrent Disorders Educational Event*** - Dr. Robin Menzies, private psychiatrist, who provides consulting services to the Regional Psychiatric Centre, Saskatchewan Correctional Centre and Calder Center (all located in Saskatoon), made a presentation and facilitated discussion on concurrent disorder issues.
- ***Saskatchewan Institute on Prevention of Handicaps (SIPH)*** - Ann Shulman and Lois Crossman of SIPH delivered a presentation entitled "FAS and Treatment Support to Women who are Pregnant and Abusing Alcohol". ADAAC and SIPH representatives discussed related issues at length following the presentation.
- ***Mental Health Advisory Council (MHAC)*** - ADAAC and MHAC held a joint meeting to discuss issues of mutual concern. As a result, a subcommittee on Concurrent Disorders with membership from both councils was struck. As well, MHAC discussed changes suggested by ADAAC to an Aboriginal and Northern issues draft discussion paper that included recommendations for the Minister.
- ***Saskatchewan Health – Alcohol and Drug Services Inventory Report*** - At the request of the Minister of Health, Council heard presentations, reviewed document drafts prepared by Saskatchewan Health staff, and made recommendations to the Minister on the basis of the Inventory.
- ***Provincial Strategy Team on HIV, BloodBorne Pathogens (BBP) and Intravenous Drug Use (IDU) - HIV/IDU Educational*** - On behalf of the Strategy Team, Kathy Donovan of Saskatchewan Health made a presentation to Council on the interaction between IDU and HIV/Hepatitis-C. She reported the serious concern of rising trends in the three phenomena within the human services sector in Saskatchewan and facilitated discussion on implications for the alcohol and drug sector. This included the Harm Reduction service model. Council was invited to comment on drafts of a document to be produced by the Strategy Team.

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ADAAC in the Context of Alcohol and Drug Services in Saskatchewan

Throughout the 1998-99 year, ADAAC deliberated on a number of issues it felt vital for the planning and delivery of alcohol and drug services in Saskatchewan. Many of these issues were identified as priority areas in last year's annual report, while some emerged as Council performed its role through 1998-99. These issues are listed below along with background information and discussion results.

1. ***Alcohol and Drug Services Inventory Report (ADS Inventory)*** – The broadest and most significant work of ADAAC in 1998-99 involved its participation in production of the *ADS Inventory*. Requested by the Minister of Health in 1997, the Inventory was conducted by Saskatchewan Health with input from Council on issues from questionnaire design to recommendations arising from project findings. These findings shaped Council discussion on issues related to service standards and evaluation, collaboration across sectors, programming issues for Youth, Aboriginals and residents of Northern Saskatchewan and prevention. Recommendations arising from these areas of concern are discussed in pages 5-8.
2. ***Aboriginal Treatment Issues and the North*** – The *ADS Inventory* endorsed by ADAAC discussed the unique needs of Aboriginal peoples and residents of Northern Saskatchewan. The inventory's conclusion will continue to guide Council work in 1999-2000.

According to the ADS Inventory, "data on system utilization also points to...groups that...may require special consideration of the particular circumstances surrounding addictions and further exploration of how best to approach the recovery process. One such group is Aboriginal peoples, who comprise... 45% of admissions to addiction treatment. Aboriginal substance use and treatment issues have special significance in the context of Northern Saskatchewan. In these areas, cultural diversity, geographical isolation, a disproportionately large adolescent and young adult population, and the logistical difficulties associated with service delivery in a vast geographic region put a significant strain on resources."

3. ***HIV/IDU*** – The interaction between the prevalence of intravenous drug use (IDU) and cases of HIV are becoming well known. In Saskatchewan, this issue is gaining prominence because of a recent rise in reported cases of HIV and the clear link between the virus and IDU in newly reported cases.

Reported HIV Cases (1992-98)		Male Risk Factors (1998)		Female Risk Factors (1998)	
1992	41	<i>IDU</i>	45%	<i>IDU</i>	67%
1993	19	<i>Men/Sex/Men</i>	25%	<i>Heterosexual Contact</i>	33%
1994	25	<i>Men/Sex/Men & IDU</i>	5%		
1995	28	<i>Heterosexual Contact</i>	15%		
1996	24	<i>No Identified Risk</i>	10%		
1997	42				
1998	26				

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4. ***Methadone Maintenance Programming*** – In response to information solicited and reviewed by Council, recommendations were made on Methadone Maintenance as discussed on page 8. The Council noted that methadone programming exists in a number of areas and hoped that its availability would continue to grow in the context of recovery and harm reduction models of service. As well, the need for methadone maintenance as a way of preventing IDU client harm from HIV or Hepatitis-C contraction, or increased infection rates for both ailments in general, was strongly underlined in Council deliberations.
5. ***Women's Issues/Gender-Specific Programming*** – In 1998-99, ADAAC forwarded recommendations to the Minister as discussed on page 7. These recommendations came from a review of how gender issues shape the experience of women with substance use issues and those who receive alcohol and drug services. Council hopes these recommendations facilitate development of a broad-based, accessible network of resources for Saskatchewan women who struggle with substance abuse and addiction.
6. ***Links Between Mental Health and Substance Use*** – ADAAC has worked closely with the Mental Health Advisory Council (MHAC) to initiate joint council discussions on persons who are dually diagnosed (or concurrently disordered) with a mental disorder and substance addiction(s). This began with a joint meeting and educational session during the fall of 1998 and led to the development of a subcommittee on concurrent disorder issues between ADAAC and MHAC. Council's work on concurrent disorders will continue through 1999-2000 as the joint subcommittee will deliberate on the range of issues, extent of related challenges and appropriate responses.
7. ***Youth Programming Issues*** – For Council, youth issues are a primary need of focus in alcohol and drug services planning and delivery. Throughout its work, ADAAC has focussed on the needs of vulnerable groups within the larger population of persons with substance use issues such as children and youth. The table below illustrates the prevalence of alcohol and drug use issues among children and youth. Due to the scope of issues revealed by this data, Council will continue to address youth issues, particularly analysis of approaches to prevention.

The ADS Inventory reports that in 1997/98 "adults...comprised the majority of admissions (66.9%) for alcohol treatment...[while] those under age 30 comprised a significant majority of those clients who presented for treatment of an addiction to drugs (59.3%) or a combination of alcohol and other drugs (60.2%)".

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Issues Examined and Recommendations Made in 1998-99

1. Collaboration on Youth Issues

Issue:

Given the complex, multifaceted nature of youth substance use, Alcohol and Drug Services cannot adequately address the complex needs of youth in isolation from other agencies.

Recommendation:

The Council recommends that the various departments and agencies concerned with youth issues, such as Health, Social Services, Justice and others, jointly address youth substance use and related issues through a broad-based, collaborative approach.

2. Evaluation of Youth Issues and Service Models

Issue:

Gaps that exist in knowledge of youth issues must be reduced if they are to be a service priority.

Recommendation:

Further exploration, analysis, evaluation and assessment of youth issues are required in order to fully gauge the extent and severity of the problem and the most appropriate means of address.

Note on Vulnerable and At-Risk Groups for Substance Abuse:

The importance of youth issues should not overshadow the significance of substance use among other vulnerable or at-risk groups. This includes Aboriginal peoples, women, concurrently disordered persons, among others, as well as various sub-populations within these groups. As with youth, attention must be given to assessing and addressing the many issues surrounding substance abuse, treatment and prevention within these groups.

3. Northern Saskatchewan

Issue:

Consideration must be given to the unique circumstances of Northern Saskatchewan as they affect the design, delivery and effectiveness of programs.

Recommendation:

Issues of cultural diversity, geographical isolation, the disproportionately large adolescent and young adult population and the logistical difficulties associated with service delivery in a vast geographic region must be taken into account when:

- planning and developing services for this region;
- determining priorities for government resource allocation.

4. *Saskatchewan Model of Recovery Services (SMRS)*

Issue:

The Alcohol and Drug Abuse Advisory Council supports the use of the Saskatchewan Model of Recovery Services (SMRS) as a basic framework for delivery of alcohol and drug recovery services in the province.

Recommendation:

The Council recommends the development and adoption of best practices for services delivered within the general framework of the SMRS.

5. *Service Evaluation*

Issue:

The development and adherence to standards can be encouraged through regular evaluation of services.

Recommendation:

The Council recommends that all alcohol and drug services in Saskatchewan have an evaluation process in place as a regular part of program planning and monitoring of services.

6. *Prevention*

Issue:

The role and importance of prevention must be acknowledged.

Recommendation:

- The Council recommends that a comprehensive prevention strategy be developed involving stakeholder groups in government, districts and communities.
- Prevention activities should also be modelled on best practices and contain an evaluation component.

7. *Prevention Programs for Youth*

Issue:

- The Council discussed the unique needs of youth around prevention programs. Current literature supports the view that, historically, programs aimed at preventing alcohol abuse have been unsuccessful. However, teaching healthy choices is generally associated with lower utilization rates in alcohol, drugs, smoking and sexual activity. Prevention needs to address the family and community environment of a target population such as youth as well as the pattern of their alcohol and drug use.
- The Council will continue its work on youth prevention issues in 1999-2000.

8. *Women and Substance Use*

Issues:

- Some effects of substance use are gender-specific.
- Women experience a multitude of complex, gender-specific issues related to substance use which need to be identified and explored as part of their recovery process.
- Women are more likely to experience abuse (sexual and physical) which results in an increased risk of substance use.
- Women who have experienced abuse at the hands of men often experience difficulty in working with male counsellors and/or in mixed-gender groups.
- Many women struggle with traditional treatment programs and self-help groups, which serve as a barrier to their achieving and maintaining sobriety.
- Women who are members of marginalized groups, including Aboriginal women, women of colour, immigrant and refugee women, lesbian and bisexual women, women with disabilities, and older women, frequently experience greater alienation, isolation and depression.
- Poverty, lack of resources, lack of safe and adequate child care and poor nutrition often deter women from accessing traditional treatment services.
- Women are frequently affected by others' substance use, usually a partner or a family member, and often receive treatment as a 'collateral client.'

Recommendations:

The Council recommends that Saskatchewan Health support and collaborate with the health districts to:

- provide gender-specific addictions programming for women (such as the DEW – Day/Evening/Weekend program from B.C.) in each health district;
- provide training to all staff providing addiction services to women regarding issues of specific concern to women, including sexual, emotional and physical violence; sexuality; self-esteem; oppression; body image and eating issues, etc.;
- ensure that female counsellors and gender-specific groups are available to women who desire them;
- provide programs and services which are responsive to the particular needs and issues of marginalized women including culturally appropriate, accessible, non-racist, non-homophobic services at an accessible literacy level;
- ensure that programs and services assist women with the resources necessary to facilitate their participation in a recovery process including safe and adequate child care, transportation, adequate nutrition and other needs as described by the women.

9. Methadone Maintenance

Issue:

Injection drug users contribute significantly to the transmission of HIV, Hepatitis C and other bloodborne pathogens. A treatment gap exists for narcotic injection (non-narcotic) drug users. Methadone assisted recovery has yet to be integrated into the range of services consumed by this high needs, often criminally active population.

Recommendations:

- That a comprehensive methadone maintenance program be developed in the province. This involves the need for a broad perspective including planning, services and resources, not only from Saskatchewan Health but also from related departments such as Social Services, Justice and Education.
- That any expanded response to this problem must include adequate training for those involved including physicians, addictions counsellors and law enforcement officials.
- That any programming undertaken to address the problem must consider a full range of client needs (e.g., housing, vocational counselling, lifeskills, social stabilization and childcare).
- That a comprehensive strategy would need to include an efficient system of communication among involved service providers. No individual or program should have to provide services in isolation.
- That support and involvement of all related community resources be part of the strategy.

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The Scope of Alcohol and Drug Services in Saskatchewan

The *Alcohol and Drug Services Inventory (ADS Inventory)* Report endorsed by ADAAC includes information on service availability, ADS system utilization and client profiles.

Service Availability

Saskatchewan Health funds a full range of alcohol and drug recovery services. These services include (medical and non-medical/social) detoxification, inpatient treatment, long-term residential service (halfway houses), outpatient treatment (counselling and rehabilitation) and day treatment. These services are provided on a continuum of community-based care and available across the province. However, integration between addiction and other health services and consistent client access across health districts remain problematic.

The following table outlines the distribution of provincially funded alcohol and drug services by type, location, and number of beds, throughout the province.

Saskatchewan Health-funded residential services by service type, location and number of beds

SERVICE TYPE / LOCATION	# BEDS
<i>Detoxification</i>	
Lloydminster (Slim Thorpe)	2
Moose Jaw (Angus Campbell)	20
La Ronge (La Ronge Health Centre)	4
Regina (Regina Detox)	25
Saskatoon (Larson Intervention House)	18
Prince Albert (MACSI)	6
Total Detoxification Beds	75
<i>Inpatient</i>	
Lloydminster (Slim Thorpe)	5
Ile-a-la-Crosse (Northwest Rehabilitation Centre)	15
Indian Head (Pine Lodge)	23
Saskatoon (Calder Centre)	
• Adult	32
• Youth	12
Prince Albert – MACSI	16
Regina – MACSI	12
Saskatoon – MACSI	15
St. Louis – Impaired Driver Training Program	30
La Ronge Health Centre	4
Total Inpatient Beds	164
<i>Long-Term Residential Services</i>	
North Battleford (Hopeview)	9
Regina (Recovery Manor)	12
Total Long-Term Residential Services Beds	21
TOTAL ALCOHOL AND DRUG BEDS	260



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Services for Special Populations

In Saskatchewan, a number of specific programs are in place to serve the needs of special populations. These programs are geared primarily toward the needs of youth and Aboriginal peoples.

In addition to services funded by Saskatchewan Health and delivered through the various health districts, the federal government provides funding for treatment and rehabilitation services for on reserve First Nations and Inuit people. The National Native Alcohol and Drug Abuse Program (NNADAP) is offered through the Medical Services Branch of Health Canada.

NNADAP Services by service type, location and number of beds

SERVICE TYPE / LOCATION	#BEDS
<i>Inpatient</i>	
Canwood	20
Onion Lake	7
Loon Lake	5
Lebret	30
Cando	10
Melfort	20
Total Inpatient Beds	92
<u>Outpatient Centres</u>	
Stoney Rapids	--
Kamsack	--
North Battleford	--

System Utilization Data

Data reported by the Inventory was based on the number of services provided, but does *not* represent discrete or actual clients. The data also does not include those who are afflicted by some form of substance use problem but do not seek treatment. In 1996/97, provincial alcohol and drug services received 16,603 admissions for service. The table below is taken from the *ADS Inventory* (Table 3, page 21) and provides a summary of admissions by client type for the year 1996/97.

Admissions to ADS services by client type, 1996/97

YEAR	1996/97
Type	Admissions
Principal*	13,739
Collateral**	1,413
Other	1,437
NR***	14
Total	16,603

* Principal clients are those who receive treatment directly related to his or her own dependency

** Collateral clients are those persons who receive treatment for issues related to someone else's (usually a spouse or family member) dependency

*** NR = not recorded

Summary Observations of System Utilization and Client Profile From the *ADS Inventory*

- Males, particularly those between the age of 20 and 39, consistently make up the majority of admissions to alcohol and drug recovery services;
- Aboriginal peoples are significantly over represented in terms of the overall proportion of admissions;
- Unemployed persons consistently comprise a higher proportion of the total number of admissions to service;
- There is a distinct age difference, relative to primary substance abuse for which clients seek treatment, between the adult (30 and over) population on the one hand, and that of young adults, youth and children. Adults consistently present more often for alcohol related problems, while those under thirty appear to be affected more by drugs and poly-substances.

It was noted in the *ADS Inventory* that based solely upon data it contains, it is not possible to draw conclusions with any degree of certainty. However, certain interesting trends and tendencies can be noted as above, which may serve as useful starting points for future exploration and review.

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Priority Areas for ADAAC in 1999-00 (Workplan)

Council has identified a number of priority areas they would like to review in the upcoming year. They include the following:

- **Concurrent Disorders and Treatment Issues**
- **HIV/IDU – Contributing to the work of the provincial strategy team**
- **Prevention Programming**
- **Aboriginal Treatment Issues**
- **Analysis and follow up of information contained in the alcohol and drug inventory**

Appendix A – Council Membership and Biographies

Council members for the term 1998-99 are as follows:

Mr. Lem Boyd - Mr. Lem Boyd has been the Executive Director of the Phoenix Residential Society since 1987. He is currently responsible for the operation of a residential dual diagnosis program for persons with a major mental illness and alcohol or drug addiction.

Prior to this position Mr. Boyd was employed for twenty-five years in the human services field and held the position of Regional Director South for the Saskatchewan Alcoholism Commission. He has been involved with the implementation of a number of community programs, including the Impaired Driver Treatment Program at St. Louis Treatment Centre. His academic background includes a Bachelor of Arts in psychology and sociology, Bachelor of Social Work and Master of Social Work.

Dr. Peter Butt - Dr. Peter Butt is currently the Director, Division of Northern Medical Services and Assistant Professor with the Department of Family Medicine at the University of Saskatchewan. Dr. Butt is well informed with respect to alcohol and drug abuse issues. He completed a certified course on Community Addiction and Advanced Counsellor Training from the Nechi Institute on Alcohol and Drug Education. In addition, Dr. Butt has lectured on Alcohol Risk Assessment and Intervention and served as a member on the National Alcohol Risk Assessment and Intervention Task Force of the College of Family Physicians of Canada.

Mr. Angus Campbell, C.M., S.O.M. - Born in 1917 in Swift Current, Mr. Angus Campbell has played a key role in education and rehabilitation in the field of alcohol and drug abuse and has been instrumental in raising public awareness of the problem of chemical dependencies. He began his career in 1955 as the first counsellor in the Saskatchewan Bureau on Alcoholism, doing pioneer work in research and public education on alcohol dependency. In 1959, after graduating from the Yale School of Alcohol Studies, Mr. Campbell became supervisor of the Bureau's first counselling and referral centre in Regina. He also founded the Saskatoon Alcoholism Society, which led to the establishment of the multidiscipline, in-patient Calder Centre. Mr. Campbell was the first director of the centre from 1967 to 1975, designing and administering its programs and helping industry develop alcoholism programs in the workplace. In 1976 the Moose Jaw District Alcoholism Society named their intervention and recovery facility the Angus Campbell Centre in his honour.

From 1975 until retirement in 1983, Mr. Campbell was Director of Community Services with the Alcoholism Commission of Saskatchewan. From 1980 to 1993 he served as Chairperson of the St. Louis Alcoholism Rehabilitation Centre, the first treatment facility in Canada for those convicted of impaired driving. In 1993 Mr. Campbell published a history of Saskatchewan's alcohol rehabilitation efforts called *The Grand Vision*, was awarded the medallion of distinction by the Canadian Centre on Substance Abuse and received the Canada 125 Commemorative Medal. In 1997 he was awarded the Saskatchewan Order of Merit medal. Mr. Campbell was awarded the Order of Canada in 1998.

Ms Erika Cancino - Ms Erika Cancino was the co-founder of Immigrant Women of Saskatchewan (IWS) in 1984 and has been the Provincial Co-ordinator of IWS since 1989. In this capacity she has experience working with immigrant communities on issues of family violence, alcohol and drug abuse and family stress. Ms Cancino is an advocate for the special issues and needs of immigrants, refugees and visible minorities.

Mr. Phillip Durocher - Mr. Phillip Durocher is currently the Executive Director of the Ile-A-La-Crosse Friendship Centre. He is Vice-chair for the Aboriginal Friendship Centres of Saskatchewan, Vice-chair to the National Aboriginal Headstart Committee and a member of the Keewatin Yathe District Health Board. Mr. Durocher has a strong understanding of Aboriginal culture, values and traditions and has experience in management of community-based programs, financial management, program development and evaluation.

Mr. Christopher Mackintosh - Mr. Christopher Mackintosh is an instructor for the Chemical Dependency Worker Program at Woodland Institute/SIAST in Prince Albert. He provides a post-secondary education field perspective to the Advisory Council. Mr. Mackintosh has previous board and advisory group experience, has worked in the addiction field and has experience in educational program development.

Ms Sheri McConnell - Ms Sheri McConnell is currently a member of the Women's Interagency Partnership Project, a Saskatoon-based group addressing women and substance use. A graduate of the University of Regina Alcohol and Chemical Dependency Program, she is well known for her feminist version of the Twelve Steps. Ms McConnell is currently employed by the Saskatoon District Health - Adult Community Mental Health Services where she works with adult female survivors of child sexual abuse.

Ms Dianne Nielsen - Ms Dianne Nielsen is currently the Executive Director of the Prince Albert Council on Alcohol and Drug Abuse (PACADA), an evening instructor with the Chemical Dependency Program at SIAST and an evening instructor for Social Work with the University of Regina. Her past experience includes working as a substance abuse counsellor with various federal correctional centres. She has considerable experience working with a board of directors (PACADA) and is currently an Advisory Board Member with the Chemical Dependency Program at SIAST. Her academic background includes a Bachelor of Social Work, Alcohol and Chemical Dependency Studies Certificate and Certificate in Reality Therapy.

Mr. Greg Pauli - Mr. Greg Pauli is currently the Manager of Adult Programs with the Calder Treatment Centre. His past experiences include being an Outpatient Addictions Counsellor for the Greenhead Health District, resource person for the Provincial Program Support Unit, working with youth as a Substance Abuse Counsellor at the Whitespruce Youth Treatment Centre and is past Chairperson of the Saskatchewan Association of Chemical Dependency Workers. Mr. Pauli's academic background includes a Bachelor of Arts Advanced in Sociology and Youth Care Worker Certificate.

Mr. Richard Peters - Mr. Peters is currently the Co-ordinator of Addiction Services for the North Central Health District and is responsible for alcohol and drug services, gambling counselling and tobacco demand reduction programs. He is also a member of the Provincial Alcohol and Drug Working Group. Prior to his employment with the Health District, Mr. Peters was the Director of the Addiction Counselling Unit at the Melfort Hospital.

Ms Lori Postinikoff - Ms Lori Postinikoff is currently a Drug and Medical Device Inspector with the Therapeutic Products Program of the Health Protection Branch, Health Canada. She is responsible for administering, interpreting and enforcing the Controlled Drugs and Substance Act, the Food and Drug Act and regulations pertaining to medical devices.

In 1994-95, Ms Postinikoff was a member of the Saskatchewan Alcohol and Drug Abuse Council Harm Reduction Partnership and assisted with drafting new methadone guidelines for Saskatchewan. She has worked closely with the Saskatoon City Police and the Saskatchewan RCMP to identify trends in prescribing of prescription drug products and the channelling of prescription drug products to the illicit drug market. Her academic background includes a Bachelor of Science in Pharmacy. In addition, Ms Postinikoff was involved in submitting a position paper on Ritain.

Ms Marion Rieger - Ms Marion Rieger has over twenty years experience in the helping profession and has worked in the substance abuse field for over seventeen years in a staff and professional development capacity. She has been the Executive Director with the Registered Psychiatric Nurses Association of Saskatchewan (RPNAS) since 1995. Prior to her position with RPNAS, Ms Rieger was an Education and Extension Co-ordinator with the provincial government and SADAC. Ms Rieger's academic background includes a Bachelor of Arts, Registered Psychiatric Nurse, Reality Therapy Certificate and Master of Education in Educational Psychology.

Mr. Bob Sims, Chairperson - Mr. Sims has worked in the crisis intervention field for twenty years and is currently the Executive Director of the Saskatoon Crisis Intervention Services (SCIS). In this capacity he continues to be exposed to the effects, impact and outcomes of drug and alcohol abuse on recipients of services from the SCIS.

Over the years Mr. Sims has been actively involved with many community boards and committees and has been instrumental in both developing and evaluating community services across the province. Currently, he is a member of the Saskatoon Child Centre Board and President of the Canadian Association for Suicide Prevention. His academic background includes a Bachelor of Arts in Psychology.

Appendix B – Presentation Guidelines for Community Interest Groups

Requests may be made to ADAAC for meeting agenda time to make either verbal or written presentations to the Council. These presentations provide an opportunity for interest groups and individuals to bring issues before the Council and for the Council to receive information/education regarding specific issues.

Written Presentations:

1. Send your written request and presentation outline to:

Karen Gibbons
Saskatchewan Health
Community Care Branch
3475 Albert Street
Regina, Saskatchewan
S4S 6X6

Telephone: (306) 787-3236

Fax: (306) 787-7095

2. Applicants will be notified within thirty (30) days of receipt of request regarding the meeting date at which their presentation will be discussed. Council response will be provided within forty-five (45) days of presentation.
3. Presentation outlines should be no longer than two (2) pages and should contain information regarding the specific issue discussed (including background), the presenters' involvement with the issue, and any recommendations regarding the issue, including how recommendations will address the problem or issue.

Personal Presentations:

1. As in Written Presentations #1.
2. Applications will be notified within thirty (30) days of receipt of request regarding the date, time and place of the meeting at which they will make their presentation. Council response to the presentation will be provided within forty-five (45) days of the presentation.
3. Presentation outlines should be no more than one (1) page and should be formatted to provide a ten (10) minute verbal presentation to Council, and allow ten (10) minutes for questions, for a total of twenty (20) minutes.

Appendix C – Summary of Expenditures

	1997-98	1998-99	1999-00
Honorarium	\$ 6,993	\$ 5,495	\$ 5,200
Other Costs (e.g. travel/sustenance/meetings)	7,595	7,301	3,300
Out-of-Province Conferences	---	---	---
Facilitator/Consultant Fees	---	---	1,500
Total Expenses	\$14,588	\$12,796	\$10,000